EMSRB - NHTSA / NEMSIS 2.2

Data Dictionary EMSRB Version 3.0.2

April - 2006

E1: Record

Name	Value	Common Values	Required	Previous MNStar Name
E1.1: Patient Care Report Number The unique number automatically assigned by the EMS agency for each patient care report (PCR). For users of MNStar direct data entry the call number and the patient number are combined to form the unique Patient Care Report Number.	**Text**	Not Nullable	Required	

E2: Unit/Agency Information

Name	Value	Common Values	Required	Previous MNStar Name
E2.1: EMS Agency Number The state-assigned provider number of the responding agency	**Text**	Not Nullable	Required	AgencyID
E2.2: EMS Incident Number The incident number assigned by EMS dispatch. It may be associated with multiple EMS vehicle response numbers. Required for services that electronically report data and have an incident number generated by a CAD system. The number helps differentiate multiple responses to a single incident.	**Text**	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Optional	Incidentnumber
E2.3: EMS Vehicle Response Identifier The EMS response identifying number unique to each EMS vehicle response. Required for services who electronically report data to track and appropriately index individual EMS responses with multiple patient.	**Text**	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Required	CallNumber
E2.4: Type of Service Requested The type of service or category of service requested of the EMS service responding for this specific EMS incident.	**Single choice combo** 30 Response (Scene) 45 Medical Transport (Scheduled) 55 Standby 35 Intercept 40 Interfacility Transfer 50 Mutual Aid	Not Nullable	Required	ServiceType

E2.5: Primary Role of the Unit The primary role of the EMS service which was requested for this specific EMS incident. The value list has been expanded for backwards compatibility with MNStar version 1 field vehicletype	**Single choice combo** 411000 ALS Ground Transport 411001 BLS Ground Transport 411002 Critical Care Ground Transport 411003 ERU (Non-Transport) 411004 Fixed Wing Transport 60 Non-Transport 411005 Other Transport 65 Rescue 411006 Roto-Craft Transport 70 Supervisor	Not Nullable	Required	VehicleType
E2.6: Type of Dispatch Delay The dispatch delays, if any, associated with the dispatch of the EMS unit to the patient encounter	**multiple choice combo** 80 Caller (Uncooperative) 85 High Call Volume 90 Language Barrier 95 Location (Inability To Obtain) 100 No Units Available 105 None 110 Other 115 Scene Safety (Not Secure for Ems) 120 Technical Failure (Computer, Phone, etc.)	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Optional	
E2.7: Type of Response Delay The response delays, if any, of the unit associated with the patient encounter	**multiple choice combo** 175 Ambulance Crash 180 Ambulance Failure 125 Crowd 130 Directions 135 Distance 140 Diversion 145 HazMat 165 Staff Delay 160 Safety 170 Traffic 185 Weather 150 None 155 Other	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Optional	

E2.8: Factors Affecting Response and Care The delays, if any, of the unit associated with the patient encounter	**multiple choice combo** 250 Ambulance Crash 255 Ambulance Failure 190 Crowd 195 Directions 200 Distance 205 Diversion 210 Extrication > 20 Min 215 HazMat 220 Language Barrier 240 Staff Delay 235 Safety 245 Traffic 260 Weather 225 None 230 Other	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Optional	FactorsAffectingCare
E2.9: Type of Transport Delay The transport delays, if any, of the unit associated with the patient encounter	**multiple choice combo** 315 Ambulance Crash 320 Ambulance Failure 265 Crowd 270 Directions 275 Distance 280 Diversion 285 HazMat 290 None 295 Other 300 Safety 305 Staff Delay 310 Traffic 325 Weather	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Optional	
E2.10: Type of Turn-Around Delay The turn-around delays, if any, associated with the patient encounter	**multiple choice combo** 375 Ambulance Failure 330 Clean-up 335 Decontamination 340 Documentation 345 ED Overcrowding 350 Equipment Failure 355 Equipment Replenishment 360 None 365 Other 370 Staff Delay	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Optional	
E2.12: EMS Unit Call Sign (Radio Number) The EMS unit number used to dispatch and communicate with the unit. This may be the same as the EMS Unit/Vehicle Number in many agencies.	**Single choice combo**	Not Nullable	Required	AgencyUnitID

E2.16: Beginning Odometer Reading of Responding Vehicle The mileage (odometer reading) of the vehicle at the beginning of the call (when the wheels begin moving). Rounded to the nearest mile.	**number**	Leave blank for null values	Optional	
E2.17: On-Scene Odometer Reading of Responding Vehicle The mileage (odometer reading) of the vehicle when it arrives at the scene/patient. Rounded to the nearest mile.	**number**	Leave blank for null values	Optional	ToSceneMileage
E2.18: Destination Odometer Reading of Responding Vehicle The mileage (odometer reading) of the vehicle when it arrives at the patient's destination. Rounded to the nearest mile.	**number**	Leave blank for null values	Optional	ToDestinationMileage
E2.19: Ending Odometer Reading of Responding Vehicle The ending mileage (odometer reading) of the vehicle (at time back in service/or at station). Rounded to the nearest mile.	**number**	Leave blank for null values	Optional	
E2.20: Response Mode to Scene Indication whether or not lights and/or sirens were used on the vehicle on the way to the scene	**Single choice combo** 390 Lights and Sirens 395 No Lights and Sirens 380 Initial Lights and Sirens, Downgraded to No Lights or Sirens 385 Initial No Lights or Sirens, Upgraded to Lights and Sirens	Not Nullable	Required	LightsSirenToScene

E3: Unit/Call Information

Name	Value	Common Values	Required	Previous MNStar Name
E3.1: Reason for Ambulance Request Reported by Dispatch The complaint dispatch reported to the responding unit/ambulance service.	**Single choice combo** 400 Abdominal Pain 405 Allergies 410 Animal Bite 415 Assault 420 Back Pain 425 Breathing Problem 430 Burns 440 Cardiac Arrest 445 Chest Pain 450 Choking 435 CO Poisoning/Hazmat 455 Convulsions / Seizure 460 Diabetic Problem 465 Drowning 470 Electrocution 475 Eye Problem 480 Fall Victim 485 Headache 490 Heart Problems 495 Heat/Cold Exposure 500 Hemorrhage/Laceration 505 Industrial Accident/Inaccessible Incident/Other Entrapments (Non-Vehicle) 510 Ingestion/Poisoning 565 MCI (Multiple Casualty Incident) 435003 Medical Transport 435006 Pain 515 Pregnancy/Childbirth 520 Psychiatric Problems 525 Sick Person 530 Stab/Gunshot Wound 435007 Standby 535 Stroke/CVA 540 Traffic Crash 545 Traumatic Injury 550 Unconscious/Fainting 555 Unkown Problem/Man Down	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Required	DispatchDiagnosis
E3.2: EMD Performed Indication of whether Emergency Medical Dispatch was performed for this EMS event.	**Single choice combo** 0 No 570 Yes, With Pre-Arrival Instructions 575 Yes, Without Pre-Arrival Instructions	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Optional	

E4: Unit/Personnel Information

Name	Value	Common Values	Required	Previous MNStar Name
E4.1: Crew Member ID The State Certification/Licensure ID number assigned to the crew member or the crew members name.	**Text**	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Required	CertificationID
E4.2: Crew Member Role Driver is defined as the driver during the time of patient transport or during the response if there was no transport required. Primary Patient Care Giver is defined as the individual responsible for the patient care during the transport of the patient, or if no transport, the individual responsible for the assessment and treatment of the patient on scene. Secondary Patient Care Giver is defined as the individual assisting the Primary Patient Care Giver. Third Patient Care Giver is defined as the individual assisting the Primary and Secondary Patient Care Givers.	**Single choice combo** 580 Driver 585 Primary Patient Caregiver 590 Secondary Patient Caregiver 595 Third Patient Caregiver 445001 First Responder 445000 Fire Company 445002 Pilot 445003 Ride Along / Student 600 Other	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Optional	TransportunitDriver
E4.3: Crew Member Level The functioning certification/licensure level or other of the crew member during this EMS patient encounter.	**Single choice combo** 6090 EMT Basic 6100 EMT Intermediate 6110 EMT Paramedic 6120 First Responder 6111 Nurse 6112 Physician 635 Student / Ride Along 640 Other Healthcare Professional 645 Other Non-Healthcare Professional	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Optional	Certificationlevel

E5: Times

Name	Value	Common Values	Required	Previous MNStar Name
E5.1: Incident or Onset Date/Time The date/time the injury occurred, or the date/time the symptoms or problem started.	**date/time**	Leave blank for null values	Required	InjuryOnsetDateTime
E5.2: PSAP Call Date/Time The date/time the phone rings (911 call to public safety answering point or other designated entity) requesting EMS services.	**date/time**	Leave blank for null values	Optional	PSAPCallDateTime
E5.3: Dispatch Notified Date/Time The date/time dispatch was notified by the 911 call taker (if a separate entity).	**date/time**	Leave blank for null values	Required	

E5.4: Unit Notified by Dispatch Date/Time The date and time the responding ambulance servcie/unit was notified by dispatch	**date/time**	Leave blank for null values	Required	EMSDispatchDateTime
E5.5: Unit Enroute Date/Time The date/time the amblance service/unit responded; That is, the time the vehicle started moving to the scene.	**date/time**	Leave blank for null values	Required	UnitResponseDateTime
E5.6: Unit Arrived on Scene Date/Time The date/time the responding ambulance service/unit arrived on the scene; That is, the time the vehicle stopped moving upon arrival at the scene.	**date/time**	Leave blank for null values	Required	SceneArriveDateTime
E5.7: Arrived at Patient Date/Time The date/time the responding unit arrived at the patient's side	**date/time**	Leave blank for null values	Optional	
E5.9: Unit Left Scene Date/Time The date/time the responding ambulance service/unit left the scene (started moving).	**date/time**	Leave blank for null values	Required	SceneDepartDateTime
E5.10: Patient Arrived at Destination Date/Time The date/time the responding ambulance service/unit arrived with the patient at the destination or transfer point	**date/time**	Leave blank for null values	Required	DestinationArriveDateTime
E5.11: Unit Back in Service Date/Time The date/time the ambulance service/unit was back in service and available for response (finished with call, but not necessarily back in home location).	**date/time**	Leave blank for null values	Required	ResponseCompleteDateTime
E5.13: Unit Back at Home Location Date/Time The date/time the responding unit was back in their service area. In agencys who utilized Agency Status Management, home location means the service area as assigned through the agency status management protocol. For other services - back at the station or garage where the ambulance is kept/stationed between calls.	**date/time**	Leave blank for null values	Optional	

E6: Patient

Name	Value	Common Values	Required	Previous MNStar Name
E6.1: Last Name The patient's last (family) name.	**Text**	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Required	PatientLname
E6.2: First Name The patient's first (given) name.	**Text**	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Required	PatientFname

E6.3: Middle Initial The patient's middle initial, if any.	**Text**	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Optional	PatientInit
E6.4: Patient's Home Address The patient's home mailing or street address.	**Text**	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Optional	PatientAddress
E6.5: Patient's Home City The patient's home city or township or residence. FIPS Code Information	**Single choice combo**	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Required	PatientCity
E6.6: Patient's Home County The patient's home county. FIPS code Information	**Single choice combo**	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Required	PatientCounty
E6.7: Patient's Home State The patient's home state. FIPS Code Information	**Single choice combo**	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Required	PatientState
E6.8: Patient's Home ZIP The patient's home Zip Code of residence.	**Text**	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Required	PatientZip
E6.10: Social Security Number The patient's social security number.	**Text**	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Optional	PatientSSN
E6.11: Gender The patient's gender.	**Single choice combo** 655 Female 650 Male	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Required	PatientGender
E6.12: Race The patient's race as defined by the OMB (US Office of Management and Budget)	**Single choice combo** 680 White 670 Black or African American 660 American Indian or Alaska Native 665 Asian 675 Native Hawaiian or Other Pacific Islander 685 Other Race	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Optional	
E6.13: Ethnicity The patient's ethnicity as defined by the OMB (US Office of Management and Budget)	**Single choice combo** 690 Hispanic or Latino 695 Not Hispanic or Latino	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Optional	
E6.14: Age The patient's age (either calculated from date of birth or best approximation).	**number**	Leave blank for null values	Required	PatientAge

Name	Value	Common Values	Required	Previous MNStar Name
E6.15: Age Units The patient's date of birth. The units which the age is documented in (Hours, Days, Months, Years)	**Single choice combo** 715 Years 705 Days 710 Months 700 Hours	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Required	PatientDOB
E6.16: Date of Birth The patient's date of birth.	**date/time**	Leave blank for null values	Required	PatientDOB
E6.17: Primary or Home Telephone Number The patient's home or primary telephone number.	**Text**	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Optional	

E7: Billing

Name	Value	Common Values	Required	Previous MNStar Name
E7.35: Condition Code Number The condition codes associated with the CMS EMS negotiated rule-making process.	**multiple choice combo** 8002 Abdominal Pain (ALS-789.00) 8003 Abnormal Cardiac Rhythm/Cardiac Dysrhythmia (ALS-427.9) 8004 Abnormal Skin Signs (ALS-780.8) 8005 Abnormal Vital Signs (ALS-796.4) 8062 Advanced Airway Management (ALS-518.81) 8066 Airway Control/Positioning Required (BLS-786.09) 8034 Alcohol Intoxication or Drug Overdose (BLS-305.0) 8006 Allergic Reaction (ALS-995.0) 8007 Allergic Reaction (BLS-692.9) 8016 Altered Level of Consciousness (non-traumatic) (ALS-780.01) 8053 Animal Bites/Sting/Envenomation (ALS-989.5) 8054 Animal Bites/Sting/Envenomation (BLS-879.8) 8031 Back Pain (non-traumatic possible cardiac or vascular) (ALS-724.5) 8032 Back Pain (non-traumatic with neurologic symptoms) (ALS-724.9) 8008 Blood Glucose (ALS-790.21) 8051 Burns-Major (ALS-949.3) 8052 Burns-Minor (BLS-949.2) 8011 Cardiac Arrest-Resuscitation in Progress (ALS-427.5) 8021 Cardiac Symptoms other than Chest Pain (atypical pain) (ALS-536.2) 8020 Cardiac Symptoms other than Chest Pain (palpitations) (ALS-785.1) 8061 Cardiac/Hemodynamic Monitoring Required (ALS-428.9) 8064 Chemical Restraint (ALS-293.0) 8012 Chest Pain (non-traumatic) (ALS-786.50) 8013 Choking Episode (ALS-784.9)	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Optional	

E7.35: Condition Code Number	8014 Cold Exposure (ALS-991.6)	-5: Not Available	Optional	
	8015 Cold Exposure (BLS-991.9)	-10: Not Known		
The condition codes associated with the CMS EMS negotiated rule-making process.	8017 Convulsions/Seizures (ALS-780.39)	-15: Not Reported		
	8010 Difficulty Breathing (ALS-786.05)	-20: Not Recorded		
	8056 Electrocution (ALS-994.8)	-25: Not Applicable		
	8058 Eye Injuries (BLS-921.9)			
	8018 Eye Symptoms (non-traumatic) (BLS-379.90)			
	8026 Hazmat Exposure (ALS-987.9)			
	8022 Heat Exposure (ALS-992.5)			
	8023 Heat Exposure (BLS-992.2)			
	8024 Hemorrhage (ALS-459.0)			
	8025 Infectious Diseases requiring Isolation/Public Health Risk (BLS-038.9)			
	8063 IV Meds Required (ALS-No ICD code provided))			
	8055 Lightning (ALS-994.0)			
	8043 Major Trauma (ALS-959.8)			
	8027 Medical Device Failure (ALS-996.0)			
	8028 Medical Device Failure (BLS-996.3)			
	8057 Near Drowning (ALS-994.1)			
	8029 Neurologic Distress (ALS-436.0)			
	8019 Non Traumatic Headache (ALS-437.9)			
	8048 Other Trauma (amputation digits) (BLS-886.0)			
	8049 Other Trauma (amputation other) (ALS-887.4)			
	8046 Other Trauma (fracture/dislocation) (BLS-829.0)			
	8045 Other Trauma (major bleeding) (ALS-958.2)			
	8044 Other Trauma (need for monitor or airway) (ALS-518.5)			
	8047 Other Trauma (penetrating extremity) (BLS-880.0)			
	8050 Other Trauma (suspected internal injuries) (ALS-869.0)			
	8030 Pain (Severe) (ALS-780.99)			
	8069 Patient Safety (monitoring required) (BLS-293.1)			
	8068 Patient Safety (restraints required) (BLS-298.9)			
	8071 Patient Safety (risk of falling off stretcher) (BLS-781.3)			
	8070 Patient Safety (seclusion required) (BLS-298.8)			
	8033 Poisons (all routes) (ALS-977.9)			
	8036 Post-Operative Procedure Complications (BLS-998.9)			
	8037 Pregnancy Complication/Childbirth/Labor (ALS-650.0)			
	8038 Psychiatric/Behavioral (abnormal mental status) (ALS-292.9)			
	8039 Psychiatric/Behavioral (threat to self or others) (BLS-298.9)			
	8009 Respiratory Arrest (ALS-799.1)			
	8001 Severe Abdominal Pain (ALS-789.00)			
	8035 Severe Alcohol Intoxication (ALS-977.3)			
	8041 Severe Dehydration (ALS-787.01)			

Name	Value	Common Values	Required	Previous MNStar Name
E7.35: Condition Code Number The condition codes associated with the CMS EMS negotiated rule-making process.	8059 Sexual Assault (major injuries) (ALS-995.83) 8060 Sexual Assault (minor injuries) (BLS-995.8) 8040 Sick Person-Fever (BLS-036.9) 8072 Special Handling (Isolation) (BLS-041.9) 8073 Special Handling (orthopedic device required) (BLS-907.2) 8074 Special Handling (positioning required) (BLS-719.45) 8065 Suctioning/Oxygen/IV fluids required (BLS-496.0) 8067 Third Party Assistance/Attendant Required (BLS-496.0) 8042 Unconscious/Syncope/Dizziness (ALS-780.02)	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Optional	

E8: Scene

Name	Value	Common Values	Required	Previous MNStar Name
E8.1: Other EMS Agencies at Scene Other EMS agencies that were at the scene, if any	**multiple choice combo**	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Optional	Firstrespondername
E8.5: Number of Patients at Scene Indicator of how many patients were seen by EMS crew.	**Single choice combo** 1125 Single 1130 Multiple 1120 None	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Required	
E8.6: Mass Casualty Incident Indicator if this event would be considered a mass casualty incident (anything overwhelming existing EMS resources).	**Single choice combo** 0 No 1 Yes	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Required	
E8.7: Incident Location Type The kind of location where the incident occurred.	**Single choice combo** 536000 Airport 1135 Home/Residence 1145 Mine or Quarry 1180 Residential Institution (assisted living, jail/prison) 1140 Farm 1150 Industrial Place and Premises 1155 Place of Recreation or Sport 1160 Street or Highway 1175 Health Care Facility (clinic, hospital, nursing home) 1185 Lake, River, Ocean 1165 Public Building (schools, gov, offices) 1170 Trade or Service (Business, bars, restaurants, etc.) 1190 Other Location	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Required	LocationType
E8.11: Incident Address The street address (or best approximation) where the patient was found, or, if no patient, the address to which the ambulance service/unit responded.	**Text**	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Required	IncidentAddress

E8.12: Incident City The city or township (if applicable) where the patient was found or to which the ambulance service/unit responded (or best approximation). FIPS Code Information	**Single choice combo**	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Required	IncidentCity
E8.13: Incident County The county where the patient was found or to which the ambulance service/unit responded (or best approximation). FIPS Code Information	**Single choice combo**	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Required	IncidentCounty
E8.14: Incident State The state where the patient was found or to which the unit responded (or best approximation). FIPS Code Information	**Single choice combo**	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Required	IncidentState
E8.15: Incident Zip Code The zip code of the incident location.	**Text**	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Required	IncidentZip

E9: Situation

Name	Value	Common Values	Required	Previous MNStar Name
E9.1: Prior Aid Any care that was provided to the patient prior to the arrival of this ambulance service. When the primary impression is cardiac arrest then AED usage and CPR are required. See procedure list for values	**multiple choice combo** 6730 AED - ERU 6740 AED - First Responder 6750 AED - Public Access 6170 Airway - Combitube 6250 Airway - Nebulizer Treatment 6140 Airway - Positive Pressure Ventilation (BVM) 6320 Airway - Suctioning 6460 CPR - Cardiopulmonary Resuscitation 6510 Extrication 910 Oxygen 6580 Spinal Immobilization 6590 Splinting	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Required for Cardiac Arrest	Provider of first CPR
E9.2: Prior Aid Performed By The type of individual who performed the care prior to the arrival of this ambulance service.	**multiple choice combo** 1195 EMS Provider 1200 Law Enforcement 1205 Lay Person 1210 Other Healthcare Provider 1215 Patient	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Required for Cardiac Arrest	Provider of first CPR
E9.3: Outcome of the Prior Aid What was the outcome or result of the care performed prior to the arrival of this ambulance service.	**Single choice combo** 1220 Improved 1230 Worse 1225 Unchanged	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Required for Cardiac Arrest	Provider of first CPR

E9.4: Injury Present Indication whether or not there was an injury.	**Single choice combo** 0 No 1 Yes	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Required	
E9.5: Chief Complaint Narrative The statement of the problem by the patient or the history provider.	**Text**	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Optional	
E9.11: Complaint Anatomic Location The primary anotomic location of the chief complaint as identified by EMS personnel.	**Single choice combo** 1305 Abdomen 1310 Back 1315 Chest 1320 Extremity-Lower 1325 Extremity-Upper 1330 General/Global 1335 Genitalia 1340 Head 1345 Neck	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Required for trauma only	InjurySite
E9.12: Primary Organ System Affected The primary organ system of the patient injured or medically affected.	**Single choice combo** 1350 Cardiovascular 1355 CNS/Neuro 1360 Endocrine/Metabolic 1365 GI / Abdomen 1370 Global / Other Illness 1375 Musculoskeletal / Injury 1380 OB/GYN 1385 Psych / Behavioral 1390 Respiratory 1395 Renal / GU Problems 1400 Skin	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Required	

| E9.14: Signs and Symptoms

Signs and symptoms reported by the patient or observed by EMS personnel. | **multiple choice combo**
568000 Abdominal Pain
568001 Back Pain
1460 Behavioral / Psych
1405 Bleeding
1410 Breathing Problem
1415 Change in Responsiveness
568004 Chest Pain
1420 Choking
1425 Death
1430 Device / Equipment Problem
1435 Diarrhea
1440 Drainage/Discharge
1445 Fever
1450 Malaise
1455 Mass / Lesion
1465 Nausea / Vomiting
1470 No Signs or Symptoms (None)
1475 Pain
1480 Palpitations
1485 Rash / Itching
1490 Swelling
1500 Weakness
1505 Wound | -5: Not Available
-10: Not Known
-15: Not Reported
-20: Not Recorded
-25: Not Applicable | Required | SymptomsDescription |

E9.15: Provider's Primary Impression	Single choice combo	-5: Not Available	Required	ProviderImpression
The EMS personnel's impression of the patient's primary problem or most significant condition which led to the management given to the patient (treatments, medications, or procedures).	569000 AAA (Abdominal Aortic Aneurysm) 1615 Abdominal Pain / Problems 1620 Airway Obstruction 1625 Allergic Reaction 1630 Altered Level of Consciousness 569001 Asthma 1635 Behavioral / Psychiatric Disorder 569002 Bowel Obstruction 569003 Cancer 1640 Cardiac Arrest 1645 Cardiac Rhythm Disturbance 1650 Chest Pain/Discomfort 569004 CHF (Congestive Heart Failure) 569006 Dehydration 569007 Diabetic Hyperglycemia 1655 Diabetic Hypoglycemia 1660 Electrocution 569008 ETOH Abuse 569034 Fever 569009 G.I. Bleed 569010 Headache 569011 Heat Exhaustion / Stroke 569012 Hypertension 1665 Hyperthermia 569013 Hypotension 1670 Hypothermia 1675 Hypovolemia / Shock 1680 Inhalation Injury (Toxic Gas) 569014 OB Delivery 1695 OB / Pregnancy / Labor 1685 Obvious Death 569016 Other Abdominal / GI Problem 569017 Other Cardiovascular Problem 569018 Other CNS Problem 569019 Other Endocrine / Metabolic Problem 569021 Other General Urinary Problems 569022 Other Illness / Injury 569023 Other OB / Gyn 569024 Pain 1690 Poisoning / Drug Ingestion 1705 Respiratory Arrest 1700 Respiratory Distress 1710 Seizure 1715 Sexual Assault / Rape 1720 Smoke Inhalation 1725 Stings / Venomous Bites	-10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable		

E9.15: Provider's Primary Impression The EMS personnel's impression of the patient's primary problem or most significant condition which led to the management given to the patient (treatments, medications, or procedures).	1730 Stroke / CVA / TIA 569025 Substance/Drug Abuse 1735 Syncope / Fainting 1740 Traumatic Injury 569027 Unconscious Unknown 1745 Vaginal Hemorrhage	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Required	ProviderImpression

E9.16: Provider's Secondary Impression	**Single choice combo**	-5: Not Available	Optional	ProviderImpression
The EMS personnel's impression of the patient's secondary problem or which led to the management given to the patient (treatments, medications, or procedures).	570000 AAA (Abdominal Aortic Aneurysm) 1750 Abdominal Pain / Problems 1755 Airway Obstruction 1760 Allergic Reaction 1765 Altered Level of Consciousness 570001 Asthma 1770 Behavioral / Psychiatric Disorder 570002 Bowel Obstruction 570003 Cancer 1775 Cardiac Arrest 1780 Cardiac Rhythm Disturbance 1785 Chest Pain/Discomfort 570004 CHF (Congestive Heart Failure) 570006 Dehydration 570007 Diabetic Hyperglycemia 1790 Diabetic Hypoglycemia 1795 Electrocution 560008 ETOH Abuse 570034 Fever 570009 G.I. Bleed 570010 Headache 570011 Heat Exhaustion / Stroke 570012 Hypertension 1800 Hyperthermia 570013 Hypotension 1805 Hypothermia 1810 Hypovolemia / Shock 1815 Inhalation Inury (Toxic Gas) 570014 OB Delivery 1830 OB / Pregnancy / Labor 1820 Obvious Death 570016 Other Abdominal / GI Problem 570017 Other Cardiovascular Problem 570018 Other CNS Problem 570019 Other Endocrine / Metabolic Problem 570021 Other General Urinary Problems 570022 Other Illness / Injury 570023 Other OB / Gyn 570024 Pain 1825 Poisoning / Drug Ingestion 1840 Respiratory Arrest 1835 Respiratory Distress 1845 Seizure 1850 Sexual Assault / Rape 1855 Smoke Inhalation 1860 Stings / Venomous Bites	-10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable		

Name	Value	Common Values	Required	Previous MNStar Name
E9.16: Provider's Secondary Impression The EMS personnel's impression of the patient's secondary problem or which led to the management given to the patient (treatments, medications, or procedures).	1865 Stroke / CVA / TIA 570025 Substance Drug Abuse 1870 Syncope / Fainting 1875 Traumatic Injury 570027 Unconscious Unknown 1880 Vaginal Hemorrhage	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Optional	ProviderImpression

E10: Situation/Trauma

Name	Value	Common Values	Required	Previous MNStar Name
E10.1: Cause of Injury/Illness The category of the reported/suspected external cause of injury/illness.	**Single choice combo** 9500 Aircraft Related Crash 580000 Assault 9505 Bicycle Crash 9510 Bites 9515 Chemical Poisoning 9520 Child Battering 9525 Drowning 9530 Drug Poisoning 9535 Electrocution (Non-Lightning) 9540 Excessive Cold 9545 Excessive Heat 9550 Falls 9555 Fire and Flames 9570 Firearm (Self Inflicted) 9560 Firearm Assault 9565 Firearm Injury (Accidental) 9575 Lightning 9580 Machinery Accidents 9585 Mechanical Suffocation 9590 Motor Vehicle Non-Traffic Crash 9595 Motor Vehicle Traffic Crash 9600 Motorcycle Crash 9605 Non-Motorized Vehicle Crash 9610 Pedestrian Traffic Crash 9615 Radiation Exposure 9620 Sexual Assault / Rape 9625 Smoke Inhalation 9630 Stabbing/Cutting Accidental 9635 Stabbing/Cutting Assault 9640 Struck by Blunt/Thrown Object 580015 Unarmed Fight / Brawl 9645 Venomous Stings (Plants, Animals) 9650 Water Transport Crash	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Required	InjuryMechanism

Name	Value	Common Values	Required	Previous MNStar Name
E10.2: Intent of the Injury The intent of the individual inflicting the injury.	**Single choice combo** 2020 Intentional, Other (Assaulted) 2025 Intentional, Self 2030 Unintentional	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Optional	InjuryIntent
E10.3: Mechanism of Injury The mechanism of the event which caused the injury.	**multiple choice combo** 2035 Blunt 2040 Burn 2045 Other 2050 Penetrating	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Required	InjuryDescription
E10.8: Use of Occupant Safety Equipment Safety equipment in use by the patient at the time of the injury.	**multiple choice combo** 2185 Lap Belt 2180 Helmet Worn 2170 Child Restraint 2175 Eye Protection 2200 Protective Clothing Gear 2205 Protective Non-Clothing Gear 2195 Personal Floatation Device 2210 Shoulder Belt 2190 Other 2187 None (No Safety Equipment / Devices Used)	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Required	SafetyEquipmentDesc
E10.9: Airbag Deployment Indication of airbag deployment during the motor vehicle crash	**multiple choice** 2225 Airbag Deployed Front 2220 No Airbag Deployed 2230 Airbag Deployed Side 2235 Airbag Deployed Other (Knee, Airbelt, etc.) 2215 No Airbag Present	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Required	SafetyEquipmentDesc

E11: Situation/CPR

Name	Value	Common Values	Required	Previous MNStar Name
E11.1: Cardiac Arrest Indication of the presence of a cardiac arrest during this response.	**Single choice combo** 0 No 2245 Yes, After EMS Arrival 2240 Yes, Prior to EMS Arrival	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Required for Cardiac Arrest	
E11.2: Cardiac Arrest Etiology Indication of the etiology or cause of the cardiac arrest (classified as cardiac, non-cardiac, etc.)	**Single choice combo** 2260 Drowning 2270 Electrocution 2250 Presumed Cardiac 2265 Respiratory 601000 SIDS (Suspected) 2255 Trauma 2275 Other	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Required for Cardiac Arrest	ProviderImpression

E11.3: Resuscitation Attempted Indication of an attempt to resuscitate the patient who is in cardiac arrest (attempted, not attempted due to DNR, etc.) - Complete only if Cardiac Arrest (E11.1) is "Yes"	**multiple choice combo** 2305 No - Circulation Restored by First Responder 2300 No - DNR Orders 2295 No - Obvious Death 2290 Yes - CPR Only 2280 Yes - Defibrillation	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Required for Cardiac Arrest	ProcedureDescription
E11.4: Arrest Witnessed by Indication of who the cardiac arrest was witnessed by	**Single choice combo** 2320 Not Witnessed 2310 Witnessed by Healthcare Provider 2315 Witnessed by Lay Person	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Required for Cardiac Arrest	CardiacWitness
E11.5: First Monitored Rhythm of the Patient in Cardiac Arrest Documentation of the rhythm, shockable / non-shockable rhythm, of the patient at the time of cardiac arrest.	**Single choice combo** 2325 Asystole 2330 Bradycardia 2335 Normal Sinus Rhythm 2345 PEA 2365 Ventricular Tachycardia 2360 Ventricular Fibrillation 2350 Unknown AED Non-Shockable Rhythm 2355 Unknown AED Shockable Rhythm 2340 Other	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Required for Cardiac Arrest	Initial Cardiac Rhythm
E11.6: Any Return of Spontaneous Circulation Indication whether or not there was any return of spontaneous circulation	**Single choice combo** 0 No 2370 Yes - Prior to ED Arrival Only 2375 Yes - Prior to ED Arrival and at the ED	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Required for Cardiac Arrest	Returnofpulse
E11.8: Estimated Time of Arrest Prior to EMS Arrival The length of time the patient was down (estimated) before the responding unit arrived at the patient	**Single choice combo** 2425 0-2 Minutes 2420 2-4 Minutes 2415 4-6 Minutes 2410 6-8 Minutes 2405 8-10 Minutes 2400 10-15 Minutes 2395 15-20 Minutes 2390 > 20 Minutes	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Optional	
E11.9: Date/Time Resuscitation Discontinued The date/time the CPR was discontinued (or could be time of death)	**date/time**	Leave blank for null values	Optional	
E11.10: Reason CPR Discontinued The reason that CPR or the resuscitation efforts were discontinued.	**Single choice combo** 2430 DNR 2435 Medical Control Order 2440 Obvious Signs of Death 2445 Policy / Protocol Requirements Completed 2450 Return of Spontaneous Circulation (Pulse or BP Noted)	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Optional	

| E11.11: Cardiac Rhythm on Arrival at Destination

The patient's cardiac rhythm upon delivery or transfer to the destination | **multiple choice combo**
610000 12 Lead ECG - Septal Ischemia
2455 12 Lead ECG - Anterior Ischemmia
2460 12 Lead ECG - Inferior Ischemia
2465 12 Lead ECG - Lateral Ischemia
2470 Agonal / Idioventricular
2475 Artifact
2480 Asystole
2485 Atrial Fibrillation
2490 AV Block - 1st Degree
2495 AV Block - 2nd Degree - Type 1
2500 AV Block - 2nd Degree - Type 2
2505 AV Block - 3rd Degree
2510 Junctional
2515 Left Bundle Branch Block
2520 Normal Sinus Rhythm
2525 Other
2530 Paced Rhythm
2535 PEA
2540 Premature Atrial Contractions
2545 Premature Ventricular Contractions
2550 Right Bundle Branch Block
610002 S-T Segment Depression
610001 S-T Segment Elevation
2555 Sinus Arrhythmia
2560 Sinus Bradycardia
2565 Sinus Tachycardia
2570 Supraventricular Tachycardia
2575 Torsades De Points
2580 Unknown AED Non-Shockable Rhythm
2585 Unknown AED Shockable Rhythm
2590 Ventricular Fibrillation
2595 Ventricular Tachycardia | -5: Not Available
-10: Not Known
-15: Not Reported
-20: Not Recorded
-25: Not Applicable | Required for Cardiac Arrest | |

E12: Medical History

Name	Value	Common Values	Required	Previous MNStar Name
E12.1: Barriers to Patient Care Indication of whether or not there were any patient specific barriers to serving the patient at the scene.	**multiple choice combo** 2600 Developmentally Impaired 2605 Hearing Impaired 2610 Language 2620 Physically Impaired 2625 Physically Restrained 2630 Speech Impaired 2635 Unattended or Unsupervised (Including Minors) 2640 Unconscious 2615 None	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Optional	

E12.19: Alcohol/Drug Use Indicators Indicators for the potential use of Alcohol or Drugs by the patient.	**multiple choice combo** 3001 None 3000 Alcohol and/or Drug Paraphernalia at Scene 2990 Patient Admits to Alcohol Use 2995 Patient Admits to Drug Use 2985 Smell of Alcoholic Beverage on Breath/About Person	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Required	AlcoholDrugUse

E13: Narrative

Name	Value	Common Values	Required	Previous MNStar Name
E13.1: Run Report Narrative The narrative of the run report.	**Text**	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Optional	

E14: Assessment / Vital Signs

Name	Value	Common Values	Required	Previous MNStar Name
E14.1: Date/Time Vital Signs Taken The date/time vital signs were taken on the patient.	**date/time**	Leave blank for null values	Optional	VitalsDateTime

E14.3: Cardiac Rhythm The initial cardiac EKG of the patient interpreted by EMS personnel.	**multiple choice combo** 3005 12 Lead ECG-Anterior Ischemia 3010 12 Lead ECG-Inferior Ischemia 3015 12 Lead ECG-Lateral Ischemia 653004 12 Lead ECG-Septal Ischemia 3020 Agonal/Idioventricular 3025 Artifact 3030 Asystole 3035 Atrial Fibrillation / Flutter 3040 AV Block - 1st Degree 3045 AV Block - 2nd Degree - Type 1 3050 AV Block - 2nd Degree - Type 2 3055 AV Block - 3rd Degree 3110 Bradycardia 3060 Junctional 3065 Left Bundle Branch Block 3070 Normal Sinus Rhythm 3075 Other 3080 Paced Rhythm 3085 Pulseless Electrical Activity - PEA 3090 Premature Atrial Contractions 3095 Premature Ventricular Contractions 3100 Right Bundle Branch Block 653001 S-T Segment Depression 653002 S-T Segment Elevation 3105 Sinus Arrhythmia 3115 Sinus Tachycardia 3120 Supraventricular Tachycardia 3125 Torsades De Points 3130 Unknown AED Non-Shockable Rhythm 3135 Unknown AED Shockable Rhythm 3140 Ventricular Fibrillation 3145 Ventricular Tachycardia	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Optional	
E14.4: Systolic Blood Pressure The patient's systolic blood pressure.	**number**	Leave blank for null values	Optional	SystolicBloodPressure
E14.5: Diastolic Blood Pressure The patient's diastolic blood pressure.	**number**	Leave blank for null values	Optional	
E14.7: Pulse Rate The patient's pulse rate, palpated or auscultated, expressed as a number per minute.	**number**	Leave blank for null values	Optional	PulseRate
E14.9: Pulse Oximetry The patient's oxygen saturation.	**number**	Leave blank for null values	Optional	
E14.11: Respiratory Rate The patient's respiratory rate expressed as a number per minute.	**number**	Leave blank for null values	Optional	RespitoryRate

E14.13: CO2 The patient's end-tidal CO2 level.	**number**	Leave blank for null values	Optional	
E14.14: Blood Glucose Level The patient's blood glucose level	**number**	Leave blank for null values	Optional	
E14.15: Glasgow Coma Score: Eye The patient's Glasgow Coma Score: Eye	**number** 4 Opens Eyes spontaneously 3 Opens Eyes in response to verbal stimulation 2 Opens Eyes in response to painful stimulation 1 None 0 Not Recorded	Leave blank for null values	Optional	GlasgowComaScore
E14.16.0: Glasgow Coma Score: Verbal The patient's Glasgow Coma Score: ages 0-23 months	**number** 5 Smiles, coos, cries appropriately 4 Cries, inconsolable 3 Inappropriate cry 2 Persistent cry, grunting 1 None 9 Not assessed 0 Not Recorded	Leave blank for null values	Optional	GlasgowComaScore
E14.16.2: Glasgow Coma Score: Verbal The patient's Glasgow Coma Score: ages 2-5 years	**number** 5 Appropriate words 4 Inappropriate words 3 Cries and/or screams 2 Grunts 1 None 9 Not assessed 0 Not Recorded	Leave blank for null values	Optional	GlasgowComaScore
E14.16.5: Glasgow Coma Score: Verbal The patient's Glasgow Coma Score: ages greater than 5	**number** 5 Oriented and appropriate speech 4 Confused conversation or speech 3 Inappropriate words 2 Non-specific sounds 1 None 0 Not Recorded	Leave blank for null values	Optional	GlasgowComaScore
E14.17.0: Glasgow Coma Scale: Motor The patient's Glasgow Coma Score: Motor: ages less than 5 years.	**number** 6 Spontaneous 5 Localization of painful stimulation 4 General withdrawal in response to painful stimulation 3 Flexor posturing in response to painful stimulation 2 Extensor posturing in response to painful stimulation 1 None 0 Not Recorded	Leave blank for null values	Optional	GlasgowComaScore

E14.17.5: Glasgow Coma Scale: Motor The patient's Glasgow Coma Score: Motor: ages greater than 5 years	**number** 6 Obeys commands with appropriate motor response 5 Localization of painful stimulation 4 General withdrawal in response to painful stimulation 3 Flexor posturing in response to painful stimulation 2 Extensor posturing in response to painful stimulation 1 None 0 Not Recorded	Leave blank for null values	Optional	GlasgowComaScore
E14.19: Total Glasgow Coma Score The patient's total Glasgow Coma Score.	**number**	Leave blank for null values	Optional	GlasgowComaScore
E14.22: Level of Responsiveness The patients level of responsiveness (AVPU).	**Single choice combo** 3255 Alert 3260 Verbal 3265 Painful 3270 Unresponsive	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Required for trauma only	AVPUScore

E16: Assessment / Exam

Name	Value	Common Values	Required	Previous MNStar Name
E16.1: Estimated Body Weight The patient's body weight in kilograms, either measured or estimated	**number**	Leave blank for null values	Optional	PatientWeight

E18: Intervention / Medication

Name	Value	Common Values	Required	Previous MNStar Name
E18.1: Date/Time Medication Administered The date/time medication administered to the patient.	**date/time**	Leave blank for null values	Optional	MedicationDateTime
E18.3: Medication Given The medication given to the patient. See medication list for values.	**Single choice combo**	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Required	MedicationName

E18.4: Medication Administration Route The route medication was administered to the patient.	**Single choice combo** 4175 Endotracheal Tube 4180 Gastrostomy Tube 4185 Inhalation 4190 Intramuscular 4195 Intranasal 4200 Intraocular 4191 Intraosseous 4205 Intravenous 753001 Intravenous Pump 4210 Nasal 4215 Nasal Prongs 4220 Nasogastric 4225 Ophthalmic 4230 Oral 4235 Other / Miscellaneous 4240 Otic (in ear) 4245 Re-breather Mask / Non-Rebreather Mask 4250 Rectal 4255 Subcutaneous 4260 Sublingual 4265 Topical 4270 Tracheostomy 4275 Transdermal 4280 Urethral 4285 Ventimask 4290 Wound	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Optional	MedicationRoute
E18.5: Medication Dosage The dose or amount of medication given to the patient.	**number**	Not Nullable	Optional	MedicationDosage

E18.6: Medication Dosage Unit The dose or amount of medication given to the patient.	**Single choice combo** 4295 GMS 4300 Inches 4305 IU (International Units) 4310 KVO (TKO) 4315 L/MIN (Fluid Administration) 4320 Liters 4325 LPM (Gas Administration) 4330 MCG 4335 MCG / KG / MIN 755002 MCG / MIN 4340 MEQ 4345 MG 4350 MG / KG / MIN 755001 MG / MIN 4355 ML 4360 ML / HR 4370 Puffs 755003 Units / HR 4365 Other	Not Nullable	Optional	MedicationDosageUnit
E18.8: Medication Complication Any complication (abnormal effect on the patient) associated with the administration of the medication to the patient by EMS.	**multiple choice combo** 4395 Altered Mental Status 4400 Apnea 4405 Bleeding 4410 Bradycardia 4415 Diarrhea 4420 Extravasation 4425 Hypertension 4430 Hyperthermia 4435 Hypotension 4440 Hypoxia 4445 Injury 4450 Itching / Urticaria 4455 Nausea 4390 None 4460 Other 4465 Respiratory Distress 4470 Tachycardia 4475 Vomitting	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Optional	
E18.9: Medication Crew Member ID The statewide assigned ID number of the EMS crew member giving the treatment to the patient	**Text**	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Required	

| E18.10: Treatment/Medication Authorization

The type of treatment authorization obtained. | **Single choice combo**

4490 Guidelines (Standing Orders)
4480 On-Line (Telephone or Radio)
4485 On-Scene
4495 Written Orders (Patient Specific) | -5: Not Available
-10: Not Known
-15: Not Reported
-20: Not Recorded
-25: Not Applicable | Optional | Medical Control Method |

E19: Intervention / Procedure

Name	Value	Common Values	Required	Previous MNStar Name
E19.1: Date/Time Procedure Performed The date and time the procedure was performed on the patient.	**date/time**	Leave blank for null values	Optional	ProcedureDateTime
E19.3: Procedure The procedure performed on the patient. See procedure list for values. Definition of a procedure: Active attempt to do the procedure. Examples: Attempting to insert an airway; Breaking the skin on placement of an IV.	**Single choice combo**	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Required	ProcedureDescription
E19.5: Number of Procedure Attempts The number of attempts taken to complete a procedure or intervention regardless of success. Airway insertion attempt: Number of active attempts to insert and airway. IV insertion attempt: Number of active attempts to establish IV.	**number**	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Required for airway procedures and intravenous therapy	ProcedureAttempts
E19.6: Procedure Successful Indication of whether or not the procedure performed on the patient was successful.	**Single choice combo** 1 Yes 0 No	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Required for airway procedures and intravenous therapy	ProcedureSuccess
E19.8: Response to Procedure The patient's response to the procedure.	**Single choice combo** 4600 Improved 4610 Worse 4605 Unchanged	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Required for airway procedures and intravenous therapy	PatientResponse
E19.9: Procedure Crew Members ID The statewide assigned ID number of the EMS crew member performing the procedure on the patient.	**Text**	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Required	PerformingCrewID

E20: Disposition

Name	Value	Common Values	Required	Previous MNStar Name
E20.2: Destination/Transfer To - Code The code of the destination the patient was delivered or transferred to, if present and available	**Text**	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Required	DestinationName

E20.7: Destination Zip Code The destination zip code in which the patient was delivered or transferred to.	**Text**	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Required	DestinationName
E20.10: Incident/Patient Disposition Type of disposition treatment and/or transport of the patient.	**Single choice combo** 4850 Treated, Transported by EMS 4845 Treated, Transferred Care 4840 Treated and Released 4815 Cancelled 804000 Cancelled - Prior to Dispatch 804002 Cancelled - Out of Primary Service Area 804001 Cancelled - Request Transferred to Another Provider 4835 Patient Refused Care 4820 Dead at Scene	Not Nullable	Required	ResponseDisposition
E20.14: Transport Mode from Scene Indication whether or not lights and/or sirens were used on the vehicle while leaving scene.	**Single choice combo** 4965 Lights and Sirens 4970 No Lights or Sirens 4960 Initial No Lights or Sirens, Upgraded to Lights and Sirens 4955 Initial Lights and Sirens, Downgraded to No Lights or Sirens	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Required	LightsSirenFromScene
E20.16: Reason for Choosing Destination The reason the ambulance service chose to deliver or transfer the patient to the indicated destination.	**Single choice combo** 4990 Closest Facility 5035 Protocol / Guideline 5025 Patient / Family Choice 5040 Specialty Resource Center 5010 Law Enforcement Choice 4995 Diversion	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Required	DestinationDetermination
E20.17: Type of Destination The type of destination the patient was delivered or transferred to.	**Single choice combo** 7280 Hospital 7270 Home 7290 Medical Office/Clinic 7320 Nursing Home 7340 Air Ambulance 7350 Ground Ambulance 7360 Police / Jail 7300 Morgue 7330 Other	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Required	DestinationType

E23: Miscellaneous

Name	Value	Common Values	Required	Previous MNStar Name
E23.9: Facility Diverted From Facility code that unit was diverted from.	**Text**	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Optional	Divertedfromfacility

Procedures

6130	12 Lead ECG
6720	ACD Deactivation
6730	AED - ERU
6740	AED - First Responder
6750	AED - Public Access
6150	Airway - Change Tracheostomy Tube
6160	Airway - Cleared / Opened / or Heimlich
6170	Airway - Combitube
6180	Airway - CPAP
6280	Airway - Endotracheal Intubation
6190	Airway - EOA / EGTA
6200	Airway - Intubation Confirm CO2
6210	Airway - Intubation Confirm Esophageal Detector Device/Bulb (EDD)
6220	Airway - Laryngeal Mask
6530	Airway - Nasogastric Tube
6230	Airway - Nasopharyngeal
6240	Airway - Nasotracheal Intubation
6250	Airway - Nebulizer Treatment
6260	Airway - Needle Cricothyrotomy
6270	Airway - Oropharyngeal
6290	Airway - PEEP
6140	Airway - Positive Pressure Ventilation / BVM
6300	Airway - Rapid Sequence Induction
6310	Airway - Respirator Operation
6320	Airway - Suctioning
6330	Airway - Surgical Cricothyrotomy
6340	Airway - Ventilator
6350	Arterial Access / Blood Draw
6360	Arterial Line Maintenance
6370	Blood Glucose Analysis
6760	Burn Care
6380	Capnography
6390	Cardiac Monitor
6400	Cardioversion (Synchronized)
6410	Carotid Massage
6420	Chest Decompression
6790	Chest Tube Placement
6430	Childbirth
6440	CNS Catheter - Epidural Maintenance
6450	CNS Catheter-Intraventricular
6800	Cold Pack
6460	CPR - Cardiopulmonary Resuscitation
6480	Defibrillation - Automated (AED)

Procedures

6490 Defibrillation - Manual

6470 Defibrillation - Placement for Monitoring/Analysis

6500 External Cardiac Pacing

6510 Extrication

6810 Hot Pack

6520 MAST

6540 None

6550 Rescue

6570 Restraints

6580 Spinal Immobilization

6590 Splinting

6600 Splinting-Traction

6850 Stretcher

6610 Urinary Catheterization

6620 Venous Access - Blood Draw

6650 Venous Access - External Jugular Line

6640 Venous Access - Extremity

6660 Venous Access - Femoral Line

6670 Venous Access - Intraosseous (Adult)

6680 Venous Access - Intraosseous (Pediatric)

6690 Venous Access - Maintain Central Line

6700 Venous Access - Swan Ganz Maintain

6630 Venous Access-Existing Catheter/IV Monitoring

6710 Wound Care

Medications

405	Abciximab (Reopro)
156014	Acetaminophen
61	Adenosine
31	Albuterol Sulfate
65	Amiodorone (Cordarone)
4	Amyl Nitrate
81	Aspirin (ASA)
21	Atropine Sulfate
60	Atrovent (Ipratropium Bromide)
62	Bretylium Tosylate
8	Bumetanide (Bumex)
161	Calcium Chloride
10	Calcium Gluconate
156022	Cetacaine Spray
111	Charcoal (Activated)
12	Dexamethasone (Decadron)
156002	Dextrose 25% (D25)
171	Dextrose 50% (D50)
121	Diazepam (Valium)
11	Diphenhydramine (Benadryl)
300	Dobutamine
156015	Dolasetron (Anzemet)
16	Dopamine
142	Droperidol (Inapsine)
156013	DuoNeb (0.5 Atrovent/3.0 Albuterol)
34	Epinephrine
441	Epinephrine 1:10,000
440	Epinephrine 1:1000
418	Epi-Pen Adult
419	Epi-Pen Junior
407	Eptifibatide (Integrilin)
430	Esmolol HCl (Brevibloc)
141	Etomidate
325	Fentanyl
413	Flumazenil (Romazicon)
132	Furosemide (Lasix)
231	Glucagon
156023	Glucose (Oral)
408	Glutose
156016	Granisetron HCL (Kytril)
414	Haloperidol (Haldol)
51	Heparin
431	Hydralazine (Apresoline)
409	Hydromorphone (Dilaudid)

Medications

156017	Ibuprofen (Advil, Motrin)
412	Insulin
201	Ipecac
67	Isoproterenol
417	IV Antibiotics
432	Ketamine
38	Ketorolac (Toradol)
163	Labetolol
156011	Lactated Ringers
156008	Levalbuterol HCL (Xopenex)
63	Lidocaine
24	Lorazepam (Ativan)
131	Magnesium Sulfate
182	Mannitol (Osmitrol)
416	Mark 1 Kit
27	Meperidine (Demerol)
28	Metaproterenol (Alupent)
222	Methylprednisolone (Solu-Medrol)
30	Metoclopramide (Reglan)
350	Metoprolol (Lopressor)
122	Midazolam (Versed)
92	Morphine Sulfate
101	Naloxone (Narcan)
42	Neostigmine
33	Nifedipine (Adalat, Procardia)
72	Nitroglycerin
143	Nitronox (Nitrous Oxide)
68	Nitroprusside
156018	Norepinephrine
404	Normal Saline
93	Nubain
425	Ondansetron (Zofran)
428	Other Autonomic Nervous System Drug
426	Other Cardiac Drug
427	Other CNS Drug
429	Other Respiratory Drug
910	Oxygen
9398	Oxygen (non-rebreather mask)
12360	Oxygen by Blow By
9397	Oxygen by Mask
9396	Oxygen by Nasal Cannula
438	Oxygen by Nebulizer
439	Oxygen by Positive Pressure Device
411	Oxytocin (Pitocin)

Medications

433	Phenylephrine HCl (Neo-Synephrine)
434	Phenytoin (Dilantin)
435	Potassium Cl
156019	Pralidoxime (2-PAM, Systemic)
64	Procainamide
415	Prochlorperazine (Compazine)
403	Promethazine HCl (Phenergan)
521	Proparacaine (Alcaine)
402	Racemic Epinephrine
172	Reactose
410	Rocuronium Bromide (Zemuron)
151	Sodium Bicarbonate
156020	Sodium Nitrate (Cyanide Kit)
156021	Sodium Thiosulfate (Cyanide Kit)
41	Succinylcholine (Anectine)
32	Terbutaline (Brethine)
39	Thiamine
406	Tirofiban HCL (Aggrastat)
401	Vasopressin
400	Vecuronium (Norcuron)
66	Verapamil (Isoptin)